

Pathology

Case Presentation

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Patient Introduction: Gerald B. Hurten



- ❖ 42 year old adult caucasian male
- ❖ Drinks 5 cups of coffee a day
- ❖ Eats fast food 4 times a week due to a busy schedule
- ❖ Lives a sedentary lifestyle

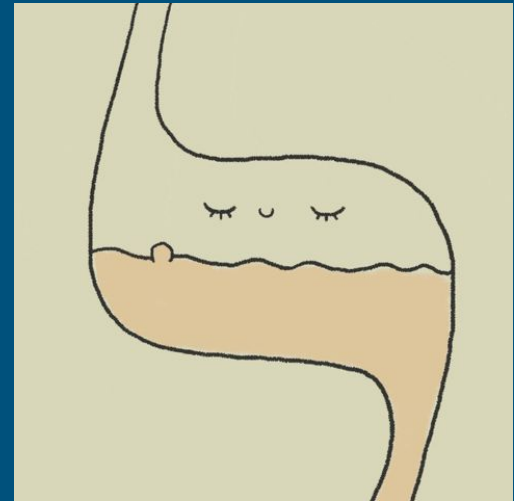
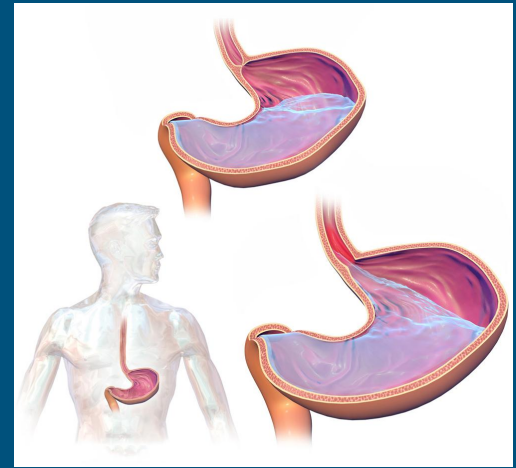
Pathology

Digestive disease

- ❖ **Etiology:** Weak lower sphincter allows backflow of contents
- ❖ **Pathogenesis:** Most severe form is associated with esophageal adenocarcinoma.
- ❖ **Epidemiology:** No sex predilection, 7-10% chronic sufferers, 4th decade

Symptoms:

- Burning pain in the chest that occurs after eating and worsens when lying down
- Dysphagia
- Regurgitation of food or sour liquid
- Sensation of a lump in your throat



Health History

Recent Dr visit: 3 mo ago for:

- ❖ Digestive system problems

Experiencing symptoms:

- ❖ Burning pain in the chest that usually occurs after eating and worsens when lying down
- ❖ Dysphagia

Current Medication:

Prilosec (Omeprazole): Proton pump inhibitor, 20 mg / day before a meal

Vitals: BP: 139/89, P: 75, R: 17, T: 98.9F SpO2: 97% ASA II



Dental Hx

Patient Chief Complaint:

- ❖ Sensitive teeth
 - Cannot eat ice cream!
- ❖ Bad breath
 - bitter, sour taste
- ❖ Tongue looks “yellowish”

Last Dental Visit:

- ❖ 2 years ago: exam and 6mo recall, no significant findings.



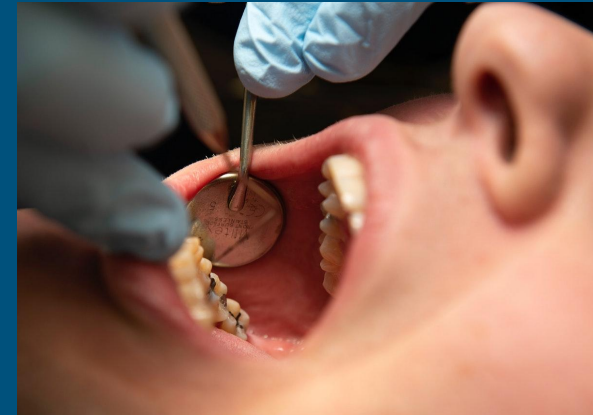
Extra Oral Findings

- ❖ Pt was holding his chest implying discomfort
- ❖ Continuous belching
- ❖ Cannot lie down or bend over without feeling dyspepsia
- ❖ Tracheal exam tender upon palpation and when asked to swallow
- ❖ Lips were dry
- ❖ All other findings WNL



Intraoral Findings

- ❖ Enamel erosion upper palatal and lower lingual anterior sextants
- ❖ Posterior wall of pharynx is tender, inflamed, and ulcerated
- ❖ Glossal edema and discoloration (yellow/white)
- ❖ Restorations:
 - #13 RCT WNL
 - #19 MOL Comp open margin on lingual surface
- ❖ Gingiva:
 - moderate inflammation with marginal red rolled borders
- ❖ Reduced salivary flow



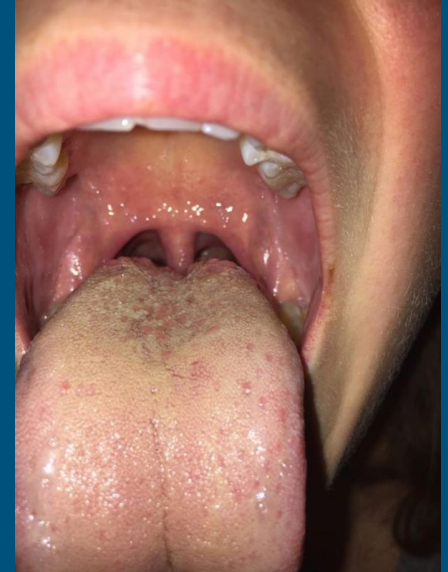
Clinical Pictures



- Erosive lesions on the palatal surface of maxillary anteriors

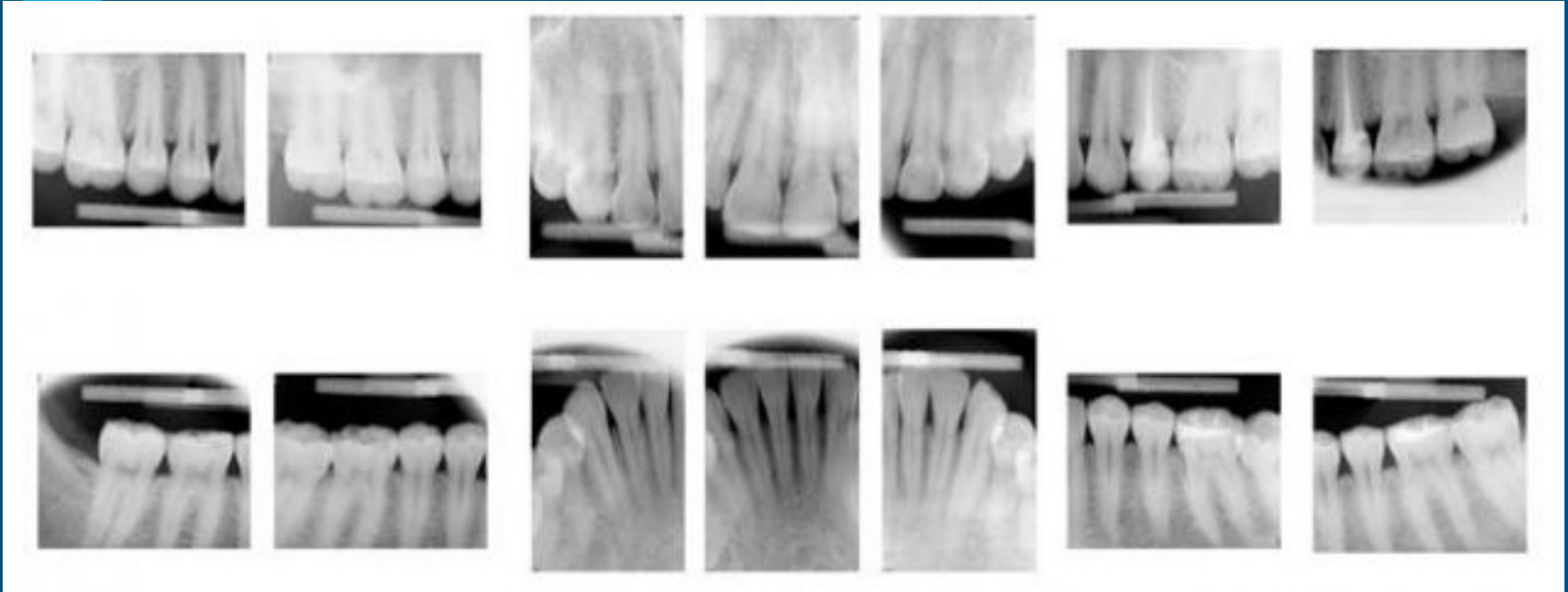


- Redness/swelling of the pharynx



- Yellow/white discoloration of the tongue

Radiographs



- Enamel erosion of maxillary and mandibular anterior sextants

Differential Diagnosis



Crohn's Disease

Peptic Ulcer

Irritable Bowel Syndrome

Gastritis

***Helicobacter pylori* infection**



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